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National Practitioner Data Bank  
 Healthcare Integrity and Protection  
 Data Bank  
 P.O. Box 10832  
 Chantilly, VA 20153-0832

<http://www.npdb-hipdb.hrsa.gov>

DCN: 5500000064046116  
 Process Date: 08/26/2010  
 Page: 1 of 2  
 HOODA, BARKAT  
 For authorized use by:  
 WCA HOSPITAL

## ADVERSE ACTION REPORT

### TITLE IV CLINICAL PRIVILEGES ACTION

Report Number: 5500000064046116

This report is maintained under the provisions of:

Title IV (NPDB)

Section 1921 (NPDB)

Section 1128E (HIPDB)

The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under the provisions of Title IV of Public Law 99-660, as amended; and 45 CFR Part 60. All information is confidential and may be used only for the purpose for which it was disclosed. Disclosure or use of confidential information for other purposes is a violation of Federal law. For additional information or clarification, contact the reporting entity identified in Section A.

#### A. REPORTING ENTITY

Entity Name: WCA HOSPITAL  
 Address: 207 FOOTE AVE  
 P.O. BOX 840  
 City, State, Zip: JAMESTOWN, NY 14702-0840  
 Country:  
 Name of Office: CAROL N. GALLAGHER, CPS, CPCs  
 Title or Department: CREDENTIALING SPECIALIST  
 Telephone: (716) 487-0141 Ext. 8422

Entity Internal Report Reference:

Customer Use: 1762  
 Type of Report: INITIAL

#### B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

Subject Name: HOODA, BARKAT  
 Other Name(s) Used:  
 Gender: MALE  
 Date of Birth: 05/06/1968  
 Organization Name: WCA HOSPITAL  
 Work Address: 207 FOOTE AVE.  
 PO BOX 840  
 City, State, ZIP: JAMESTOWN, NY 14702-0840  
 Home Address: 165 FRONT STREET  
 City, State, ZIP: LAKewood, NY 14750  
 Deceased: NO

Social Security Numbers (SSN): \*\*\*\*-\*\*-8321

Professional School(s) & Year(s) of Graduation: THE AGA KHAN UNIVERSITY (1991)

Occupation/Field of Licensure (Code): PHYSICIAN (MD) (010)

State License Number, State of Licensure: 003422, NY

Drug Enforcement Administration (DEA) Numbers: FH1623912

Name(s) of Health Care Entity (Entities) With Which Subject Is Affiliated or Associated (Inclusion Does Not Imply Complicity in the Reported Action.):

WCA HOSPITAL

Business Address of Affiliate: PO BOX 840

207 FOOTE AVE.

City, State, ZIP: JAMESTOWN, NY 14702

Nature of Relationship(s): SUBJECT HAS CLINICAL PRIVILEGES WITH AFFILIATE OR ASSOCIATE (350)

#### C. INFORMATION REPORTED

Type of Adverse Action: TITLE IV CLINICAL PRIVILEGES  
 Basis for Action: INAPPROPRIATE REFUSAL TO TREAT (FA)  
 Adverse Action Classification Code(s): VOLUNTARY SURRENDER OF CLINICAL PRIVILEGE(S), WHILE UNDER, OR TO AVOID, INVESTIGATION RELATING TO PROFESSIONAL COMPETENCE OR CONDUCT (1635)

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Date Action Was Taken: 07/13/2010  
 Date Action Became Effective: 07/22/2010  
 Length of Action: PERMANENT

Description of Subject's Act(s) or Omission(s) or Other  
 Reasons for Action(s) Taken and Description of Action(s) Taken  
 by Reporting Entity: Physician refused to attend a delivery for a critically  
 ill infant when he was the responsible physician on  
 call. Physician resigned his medical staff privileges  
 and left the area while under investigation for his  
 failure to respond as required.

**D. SUBJECT STATEMENT**

If the subject identified in Section B of this report has submitted a statement, it appears in this section.

**E. REPORT STATUS**

Unless one or more boxes below are checked, the subject of this report identified in Section B has not contested this report.

- If box is checked, this report has been disputed by the subject identified in Section B.
- If box is checked, at the request of the subject identified in Section B, this report is being reviewed by the Secretary of the U.S. Department of Health and Human Services to determine its accuracy and/or whether it complies with reporting requirements. No decision has been reached.
- If box is checked, at the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision is shown below:

Date of Original Submission: 08/26/2010  
 Date of Most Recent Change: 08/26/2010

**END OF REPORT**